



**Nebraska Prescription Drug Monitoring Program (PDMP) non-Nebraska License
Attestation Form**

By signing this form you are attesting to the following:

- 1) You have a treatment relationship with a Nebraska resident (Neb. Rev. Stat. § 71-2454)
- 2) Your professional state license is active

Name (first and last) please print

License Number

License Type

License State

Signature

Date

Please return completed form to:

Mailing Address:

Email Address:

Nebraska DHHS

OR

brian.harter@nebraska.gov

c/o Brian Harter – Epidemiology

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